

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/18/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155373		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/07/2011	
NAME OF PROVIDER OR SUPPLIER BLUFFTON REGIONAL MEDICAL CENTER CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 S MAIN ST BLUFFTON, IN46714			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and Sate Licensure Survey.</p> <p>Survey dates: July 5, 6, & 7, 2011</p> <p>Facility number: 000264 Provider number: 155373 AIM number: N/A</p> <p>Survey team: Vicki Bickel, RN-TC Debora Barth, RN</p> <p>Census bed type: SNF: 12 Total: 12</p> <p>Census payor typed: Medicare: 11 Other: 1 Total: 12</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on July 7, 2011 by Bev Faulkner, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0328 SS=D	<p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview, the facility failed to assure assessment of the site and catheter for 1 of 1 residents with a peripherally inserted central catheter (PICC) in a sample of 8 residents. (Resident # 1)</p> <p>Findings include:</p> <p>The clinical record for Resident # 1 was reviewed on 7/6/11 at 10:20 a.m. The resident had diagnoses which included, but were not limited to: an abdominal abscess, cellulitis, atrial fibrillation, and spinal stenosis.</p> <p>The physician had ordered, on 6/30/11, for the resident to have a PICC line placed to receive intravenous (IV) antibiotics. The catheter was placed in the operating room of the adjacent hospital.</p>			F0328	<p>The Co-director determined that no other residents had PICC lines in place at time of survey. Measures to prevent reoccurrence. The co-director of Continuing Care conducted an inservice on the appropriate assessment of PICCs per policy. The co-directors will conduct weekly observations for appropriate assessments of PICCs by RNs for six months or until 100% compliance is met. Findings will be presented to Quality Council with reports forwarded to Medical Executive Committee and Board of Trustees.</p>		07/14/2011

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	<p>The nursing notes and medication administration record (MAR) for July, 2011 were reviewed. There was no documentation of the extended length of the catheter after placement. The July, 2011 MAR had a block which read "assess PICC line q (every) shift." This block had been signed off with staff initials for each shift, but there was no further documentation of the extended length of the catheter.</p> <p>RN # 2 was interviewed on 7/6/11 at 1:00 p.m. She indicated she checked the site for placement, redness, warmth, and skin integrity when she flushed the lines. She did not do any measurements of the catheter or the arm circumference as a part of the assessment.</p> <p>The policy/procedure for PICC line assessment was requested. The policy/procedure for Central Venous Catheters was provided on 7/6/11 at 1:45 p.m., by the Director of Nursing. The policy indicated the following: "...Measurements: Central line catheter measurements will be obtained upon insertion for a baseline and daily at the first a.m. Assessment. Physician should be notified of a greater than 1 cm (centimeter) difference from the baseline measurement...."</p>						

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F0465 SS=B	3.1-47(a)(2) The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure the environment was safe for all residents, visitors and staff, concerning storage of 2 open containers of quaternary disinfectant solution in use, left unattended on the housekeeping cart. This potentially could affect residents, visitors and staff. Findings include: The initial tour conducted on 7/5/11 at 10:20 a.m., included observing a cleaning cart located in the main hallway. The cleaning cart contained an open 1 gallon bucket of cleaning solution and an open 3 gallon container of cleaning solution containing microfiber floor cleaning pads. An interview with the housekeeper on 7/5/11 at 10:25 a.m., indicated the solution in both buckets was a quaternary disinfectant. The housekeeper opened the cart and indicated a bottle of concentrated non-foaming disinfectant was used in both containers of solution. The "Material Safety Data Sheet (MSDS)"			F0465	The co-director determined that no residents were affected by open solutions on houseskeeping cart. The co-director discussed securing open solutions with the skilled care housekeeper and Housekeeping director. Measures to prevent reoccurrence. A New housekeeping cart to be purchased that will house open solution buckets when not in use.		08/07/2011

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	<p>received and reviewed on 7/6/11 at 9:00 a.m., indicated the bottle of concentrated disinfectant was "3M (TM) NEUTRAL QUAT DISINFECTANT CLEANER Ready -to-use.</p> <p>The MSDS further indicated "Eye/Face Protection.... Avoid eye contact with vapors, mists, or spray. Skin Protection...Avoid prolonged or repeated skin contact. Respiratory Protection...Avoid breathing of vapors,, mists or spray. Prevention of Swallowing.. Do not eat, drink or smoke when using this product."</p> <p>An interview with the Director of Nursing and Head of Housekeeping on 7/6/11 at 1:30 p.m., indicated they were unaware of the potential hazard of the quaternary solution. The Director of Nursing also indicated there were currently no "wandering" residents residing in the facility.</p> <p>3.1-19(f)</p>						